WICB Anti-Doping Code

A Pocket Guide for Players

FOR THE PERIOD
1 JANUARY – 31 DECEMBER 2015

*You are **personally responsible** for ensuring that anything you eat, drink, put into your body or use (as well as any medical treatment you receive) does not give rise to an anti-doping rule violation under the WICB Anti-Doping Code.*

Advice for Players

- Be aware of the WICB Anti-Doping Code and ensure that you have access at all times to a copy of the WADA Prohibited List
- Know the sample collection procedure and your rights and responsibilities during testing
- Always check, or ask your medical advisors to check, any medication (including all of its ingredients), substance or supplement against the WADA Prohibited List *before* using any medication, substance or supplement
- Keep a list of medications, substances and supplements you are taking so that you can record them on the doping control form at the time of sample collection
- Extreme caution is recommended regarding supplement use as some products may contain ingredients not listed on the label
- Remember medications that have the same brand name but are made in different countries may contain different substances / ingredients. Take care to ensure that each individual substance listed on the label is checked against the WADA Prohibited List
- Keep this card with you at all times and ensure that your coach, physician, doctor and team manager are all aware that you are subject to the WICB Anti-Doping Code
- If you have been notified that you are selected into a Testing Pool, (whether national, regional and / or international), make sure that you understand your obligations in relation to filing 'whereabouts' information
- If you have any questions in relation to any aspect of the WICB's Anti-Doping Code, please contact the WICB immediately at the contact information provided in this guide

Introduction

The International Cricket Council (ICC) has been a signatory to the World Anti-Doping Agency (WADA) Code since July 2006.

The West Indies Cricket Board (WICB), as a member of the ICC is therefore mandated to ensure that the WICB's Anti-Doping Code is WADA compliant.

The WICB Anti-Doping Code has been adopted and implemented as part of the WICB's continuing efforts to:

(a) maintain the integrity of the sport of cricket;

(b) protect the health and rights of all participants in the sport of cricket; and

(c) keep the sport of cricket free from doping.

The WICB Anti-Doping Code applies at all times to:

- **All *Cricketers* and *Cricketer Support Personnel* who are members:**

  (a) of the *WICB* and/or

  (b) of organisations that are members or affiliates or licensees of the *WICB* (including any clubs, teams, associations or leagues who are members, affiliates or licensees of the *WICB*);

- **All *Cricketers* and *Cricketer Support Personnel* participating in *Matches* and other activities organised, convened or authorised by the *WICB* or by any of its members or affiliates or licensees (including any clubs, teams, associations or leagues), wherever held; and**
- **Any other *Cricketer* or *Cricketer Support Personnel* who, by virtue of a contractual arrangement or otherwise, is subject to the jurisdiction of the *WICB* for purposes of anti-doping;**
  whether or not such *Cricketer* or *Cricket Support Personnel* is a citizen of or resident in the West Indies.

Players are required to be familiar with the full WICB Anti-Doping Code, which is the definitive statement of the anti-doping requirements applicable to players.

In the event of any conflict between the information contained in this pocket guide and the WICB Anti-Doping Code, the provisions of the WICB Anti-Doping Code shall apply.

The WICB Anti-Doping Code is reviewed on an annual basis to ensure it remains fit for purpose, with any amendments being *effective from 1 January every year*.

A full copy of the current Code will always be available on the anti-doping section of the WICB's website (www.windiescricket.com).

Your Responsibilities as a Player

If you are subject to the WICB Anti-Doping Code you are ***personally responsible*** for:

- Making sure that you and every person that you take advice from (including medical personnel) are aware of and understands all of the requirements of the WICB Anti-Doping Code
- Knowing what constitutes an anti-doping rule violation under the WICB Anti-Doping Code and what substances and methods have been included on the WADA Prohibited List which can be found online at:
  - www.wada-ama.org
  - www.windiescricket.com
- Making sure that anything you eat, drink, put into your body or use, as well as any medical treatment you receive, does not give rise to an anti-doping rule violation under the WICB Anti-Doping Code

Use of any supplement is at your own risk.

Therapeutic Use Exemption (TUE)

You may need to use a prohibited substance or a method to treat a legitimate medical condition. If this applies to you, then you must obtain a Therapeutic Use Exemption (TUE) certificate before using the prohibited substance or method.

Who Grants WICB's TUEs?

A player must submit his / her request for a TUE to the Caribbean Regional Anti-Doping Organisation (RADO). The Caribbean RADO Therapeutic Use Exemption Committee (TUEC) evaluates all applications on behalf of the WICB in accordance with the criteria set out in Article 4 of the International Standard for Therapeutic Use Exemptions and has the responsibility of granting or denying such applications. The RADO TUEC consists of a panel of twelve medical experts with experience and sound knowledge of anti-doping and clinical and exercise medicine.

Unless there is an emergency or exceptional circumstances, TUE applications must be lodged with the Caribbean RADO a minimum of 30 days before you require an approved exemption, failing that the application should be sent as soon as possible.

***NOTE: Players representing Jamaican national teams, (i.e. players under the auspices of the Jamaica Cricket Association), must lodge their TUE applications with the Jamaica Anti-Doping Commission (JADCO).**

Key steps to completing your TUE application:

1. Obtain the RADO TUE application form from the following options:
   - The WICB website (www.windiescricket.com)
   - The Caribbean RADO website (www.caribbeanrado.com)
   - Request a hard copy from the WICB anti-doping contacts listed on this guide
2. Complete all sections of the form

Warning: Incomplete or illegible forms will not be approved / accepted and will be returned to you for resubmission

3. Make sure that your doctor has read and signed the Medical Practitioner's Declaration
4. Read and sign the Player Declaration

Note: In addition, any player under the age of 18 will also need the signature of a parent / guardian.

5. Send the TUE application form to the Caribbean RADO as soon as possible

More information on TUEs can be found on the anti-doping section (under rules & regulations) of the WICB website (www.windiescricket.com).
Note on TUEs: If you have already obtained a TUE from another anti-doping organisation, (not a National Anti-Doping Organisation), you may apply to have that TUE application recognised by the WICB. You must send a copy of the TUE certificate, the original TUE application with supporting documentation, together with cover letter requesting the Caribbean RADO to recognize the exemption. Unless and until such recognition is communicated to you, you use the prohibited substance or method in issue entirely ***at your own risk*.**

In all other circumstances, you may not assume that your application for a TUE will be granted. Again, your use of the prohibited substance or method in issue before approval of your TUE application or recognition of another anti-doping organisation's TUE is ***at your own risk*.**

Sample Collection Procedure

Testing under the WICB Anti-Doping Code will be conducted in-competition and out-of-competition. This means that all players can be tested at any time on any day of the year whether during an International/Regional Match (in-competition) or at any other time, including when on holiday (out-of-competition).

The testing procedures outlined in this guide follow the most recent version of the International Standard for Testing, which is published from time to time by the World Anti-Doping Agency (WADA).

Summary of Sample Collection/ Testing Procedure

1. If you have been selected to provide a urine sample, you will be notified by a Doping Control Officer (DCO), or Chaperone. They will carry identification and will ask you for some form of identification.

2. Following notification, you will be followed by a DCO or Chaperone at all times and will be required to report to the doping control station as soon as possible, or request for a delay in reporting for valid reasons (e.g. warm down, medical treatment, training session etc).

3. The Chaperone will observe you from the moment that you are notified of your selection until you provide your sample. You will not be allowed to go to the toilet unsupervised until you have provided your sample.

4. You are advised to drink the secure beverages supplied in the Doping Control Station until you have provided your urine sample. If you choose to consume foods or fluids not supplied in the doping control station, you do so **at your own risk.**

5. Upon arrival at the doping control station, the procedures will be explained to you and you will be given the opportunity to ask any questions that you might have.

6. You will be asked to select two types of containers from a selection of sealed containers. You should check those that you select have not been tampered with. Firstly, you will need to select a sealed collection vessel which will be used to collect your urine sample. Then you will need to select the sample kit (which contains the 'A' and 'B' sample containers) into which you will split your sample. The sample containers are the ones that will be sent to the laboratory for testing.

7. You will be required to provide a urine sample under direct supervision and observation of a DCO of the same gender.

If your sample is not enough, it shall be sealed and you will be required to provide more until enough has been collected.

You can be tested on any day, 365 days of the year

8. The DCO will also check that your sample is suitable for analysis. If the sample is too weak, you will be required to provide more samples until it is suitable.

9. You will then be asked to divide and seal your sample between the 'A' and 'B' sample containers. The DCO will not handle any of the equipment during the procedure.

10. Once sealed, the DCO will check in full view of the player that the bottles have been properly sealed before placing them in a box.

11. The DCO will record the code number of the 'A' and 'B' bottles on the doping control form. You should take care to check the form, making sure the information is accurate and correct. You should also declare any substances, supplements or medications you have taken during the past seven days. If you have a Therapeutic Use Exemption (TUE) you should note down the details. You will then be asked to complete and sign the doping control form. A copy will be given to you which you should keep in a safe place.

12. If you have any concerns about the testing process you should write them down on your form and report your concerns to the WICB Anti-Doping Manager and your Team Manager straight away.

The 2015 Prohibited List

The WADA Prohibited List is the list of prohibited substances and methods incorporated into the WICB Anti-Doping Code. This is the list that players should use to determine what is prohibited in and out-of-competition.

The list is updated annually and comes into effect on ***1 January each year***. Therefore, with effect from 1 January 2015, the 2015 WADA Prohibited List will replace the 2014 Prohibited List.

The Prohibited List can be found on the WADA website (www.wada-ama.org) or WICB website (www.windiescricket.com).

In accordance with Article 4.2.2 of the World Anti-Doping Code, all Prohibited Substances shall be considered as "Specified Substances" except Substances in classes S1, S2, S4.4, S4.5, S6.a and Prohibited Methods M1, M2 and M3.

Warning on dietary supplements

Supplements can take the form of sports drinks, gels and bars, carbohydrate supplements, protein supplements, meal replacements, weight loss and weight gain products, vitamins and minerals including antioxidants, herbs, homeopathic remedies or traditional medicines.

Unlike pharmaceutical products, the manufacture and distribution of supplements is not regulated.

Supplements may therefore contain ingredients not listed on the label. Consumption of any supplement is always at your own risk.

SUBSTANCES & METHODS PROHIBITED AT ALL TIMES (In & Out-of-Competition)

Prohibited Substances

S0. NON-APPROVED SUBSTANCES

Any pharmacological substance which is not addressed by any of the subsequent sections of the List and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g. drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.

S1. ANABOLIC AGENTS

Anabolic agents are prohibited.

1. Anabolic Androgenic Steroids (AAS)

a. Exogenous* AAS, *including:*

1-androstenediol (5α-androst-1-ene-3β,17β-diol);
1-androstenedione (5α-androst-1-ene-3,17-dione);
bolandiol (estr-4-ene-3β,17β-diol);
bolasterone;
boldenone;
boldione (androsta-1,4-diene-3,17-dione);
calusterone;
clostebol;
danazol ([1,2]oxazolo[4',5':2,3]pregna-4-en-20-yn-17α-ol);
dehydrochlormethyltestosterone (4-chloro-17β-hydroxy-17α-methylandrosta-1,4-dien-3-one);
desoxymethyltestosterone (17α-methyl-5α-androst-2-en-17β-ol);
drostanolone;
ethylestrenol (19-norpregna-4-en-17α-ol);
fluoxymesterone;

formebolone;
furazabol (17α-methyl[1,2,5]oxadiazolo[3',4':2,3]-5α-androstan-17β-ol);
gestrinone;
4-hydroxytestosterone (4,17β-dihydroxyandrost-4-en-3-one);
mestanolone;
mesterolone;
metandienone (17β-hydroxy-17α-methylandrosta-1,4-dien-3-one);
metenolone;
methandriol;
methasterone (17β-hydroxy-2α, 17α-dimethyl-5α-androstan-3-one);
methyldienolone (17β-hydroxy-17α-methylestra-4,9-dien-3-one);
methyl-1-testosterone (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one);
methylnortestosterone (17β-hydroxy-17α-methylestr-4-en-3-one);
methyltestosterone;
metribolone (methyltrienolone, 17β-hydroxy-17α-methylestra-4,9,11-trien-3-one);
mibolerone;
nandrolone;
19-norandrostenedione (estr-4-ene-3,17-dione);
norboletone;
norclostebol;
norethandrolone;
oxabolone;
oxandrolone;
oxymesterone;
oxymetholone;
prostanozol (17β-[(tetrahydropyran-2-yl)oxy]-1'H-pyrazolo[3,4:2,3]-5α-androstane);
quinbolone;
stanozolol;
stenbolone;

1-testosterone (17β-hydroxy-5α-androst-1-en-3-one);
tetrahydrogestrinone (17-hydroxy-18a-homo-19-nor-17α-pregna-4,9,11-trien-3-one);
trenbolone (17-hydroxyestr-4,9,11-trien-3-one);
and other substances with a similar chemical structure or similar biological effect(s).

b. Endogenous** AAS *when administered exogenously:*

Androstenediol (androst-5-ene-3β,17β-diol);
androstenedione (androst-4-ene-3,17-dione);
dihydrotestosterone (17β-hydroxy-5α-androstan-3-one);
prasterone (dehydroepiandrosterone, DHEA 3β-hydroxyandrost-5-en-17-one);
testosterone
and their metabolites and isomers, including but not limited to:
5α-androstane-3α, 17α-diol;
5α-androstane-3α, 17β-diol;
5α-androstane-3β, 17α-diol;
5α-androstane-3β-17β-diol;
5β-androstane-3α,17β-diol;
androst-4-ene-3α, 17α-diol;
androst-4-ene-3α, 17β-diol;
androst-4-ene-3β, 17α-diol;
androst-5-ene-3α, 17α-diol;
androst-5-ene-3α, 17β-diol;
androst-5-ene-3β, 17α-diol;
4-androstenediol (androst-4-ene-3β,17β-diol);
5-androstenedione (androst-5-ene-3,17-dione);
androsterone (3β-hydroxy-5α-androstan-17-one);
epi-dihydrotestosterone;
epitestosterone;
etiocholanolone;
7α-hydroxy-DHEA;
7β-hydroxy-DHEA;
7-keto-DHEA;
19-norandrosterone;
19-noretiocholanolone.

2. Other Anabolic Agents, *including but not limited to:*

Clenbuterol, selective androgen receptor modulators (SARMs, e.g. **andarine** and **ostarine), tibolone, zeranol and zilpaterol.**

For purposes of this section:

** "exogenous" refers to a substance which is not ordinarily produced by the body naturally.*

*** "endogenous" refers to a substance which is ordinarily produced by the body naturally.*

S2. PEPTIDE HORMONES, GROWTH FACTORS, RELATED SUBSTANCES AND MIMETICS

The following substances, and other substances with similar chemical structure or similar biological effect(s), are prohibited:

1. **Erythropoietin-Receptor agonists:**

1.1 **Erythropoiesis-Stimulating Agents** (ESAs) including e.g. **darbepoietin** (dEPO)**; erythropoietins** (EPO)**; EPO-Fc; EPO-mimetic peptides** (EMP)**,** e.g. **CNTO 530** and **peginesatide;** and **methoxy polyethylene glycol-epoetin beta** (CERA)**;**

1.2 **Non-erythropoietic EPO-Receptor agonists,** e.g. **ARA-290, asialo EPO** and **carbamylated EPO;**

2. **Hypoxia-inducible factor** (HIF) **stabilizers,** e.g. **cobalt** and **FG-4592;** and **HIF activators,** e.g. **argon, xenon;**

3. **Chorionic Gonadotrophin** (CG) **and Luteinizing Hormone** (LH) and their releasing factors, e.g. **buserelin, gonadorelin** and **triptorelin,** in males;

4. **Corticotrophins** and their releasing factors e.g. **corticorelin;**

5. **Growth Hormone** (GH) and its releasing factors including **Growth Hormone Releasing Hormone** (GHRH) and its **analogues**, e.g. **CJC-1295, sermorelin**

and **tesamorelin; Growth Hormone Secretagogues** (GHS), e.g. **ghrelin** and **ghrelin mimetics,** e.g. **anamorelin** and **ipamorelin;** and **GH-Releasing Peptides** (GHRPs), e.g. **alexamorelin, GHRP-6, hexarelin and pralmorelin** (GHRP-2).

Additional prohibited growth factors:

Fibroblast Growth Factors (FGFs)**; Hepatocyte Growth Factor** (HGF)**; Insulin-like Growth Factor-1** (IGF-1) and its **analogues; Mechano Growth Factors** (MGFs)**; Platelet-Derived Growth Factor** (PDGF)**; Vascular-Endothelial Growth Factor** (VEGF) and any other growth factor affecting muscle, tendon or ligament protein synthesis / degradation, vascularisation, energy utilization, regenerative capacity or fibre type switching.

S3. BETA-2 AGONISTS

All beta-2 agonists including all **optical isomers** e.g. d- and l- where relevant, are prohibited. Except:

- Inhaled salbutamol (maximum 1600 micrograms over 24 hours);
- Inhaled formoterol (maximum delivered dose 54 micrograms over 24 hours); and
- Inhaled salmeterol in accordance with the manufacturers' recommended therapeutic regimen.

The presence in urine of salbutamol in excess of 1000 ng/mL or formoterol in excess of 40ng/mL is presumed not to be an intended therapeutic use of the substance and will be considered as an *Adverse Analytical Finding (AAF)* unless the *Athlete* proves, through a controlled pharmacokinetic study, that the abnormal result was the consequence of the use of the therapeutic inhaled dose up to the maximum indicated above.

S4. HORMONE & METABOLIC MODULATORS

The following **hormone** and **metabolic modulators** are prohibited:

1. **Aromatase inhibitors** including, but not limited to: **aminoglutethimide; anastrozole; androsta-1,4,6-triene-3,17-dione (androstatrienedione); 4-androstene-3,6,17 trione (6-oxo); exemestane; formestane; letrozole** and **testolactone.**

2. **Selective estrogen receptor modulators** (SERMs) including, but not limited to: **raloxifene; tamoxifen** and **toremifene.**

3. **Other anti-estrogenic substances** including, but not limited to: **clomiphene; cyclofenil** and **fulvestrant**.

4. **Agents modifying myostatin function(s)** including, but not limited, to: **myostatin inhibitors**.

5. **Metabolic modulators:**

5.1 **Activators of the AMP-activated protein kinase** (AMPK), e.g. **AICAR;** and **Peroxisome Proliferator Activated Receptor δ (PPARδ) agonists e.g. GW 1516**

5.2 **Insulins;**

5.3 **Trimetazidine**

S5. DIURETICS & MASKING AGENTS

The following **diuretics** and **masking agents** are prohibited, as are other substances with a similar chemical structure or similar biological effect(s). Including, but not limited to:

- **Desmopressin; probenecid; plasma expanders,** e.g. **glycerol** and intravenous administration of **albumin, dextran, hydroxyethyl starch** and **mannitol**.

- **Acetazolamide; amiloride; bumetanide; canrenone; chlortalidone; etacrynic acid; furosemide; indapamide; metolazone; spironolactone; thiazides,** e.g. **bendroflumethiazide, chlorothiazide** and **hydrochlorothiazide; triamterene** and **vaptans,** e.g. **tolvaptan.**

Except:

- Drospirenone; pamabrom; and topical dorzolamide and brinzolamide.
- Local administration of felypressin in dental anaesthesia.

The detection in an *Athlete's Sample* at all times or *In-Competition*, as applicable, of any quantity of the following substances subject to threshold limits: formoterol, salbutamol, cathine, ephedrine, methylephedrine and pseudoephedrine, in conjunction with a diuretic or masking agent, will be considered as an *Adverse Analytical Finding* unless the *Athlete* has an approved *TUE* for that substance in addition to the one granted for the diuretic or masking agent.

Prohibited Methods

M1. MANIPULATION OF BLOOD AND BLOOD COMPONENTS

The following are prohibited:

1. The Administration or reintroduction of any quantity of autologous, allogenic (homologous) or heterologous blood or red blood cell products of any origin into the circulatory system.

2. Artificially enhancing the uptake, transport or delivery of oxygen. Including, but not limited to:

Perfluorochemicals, efaproxiral (RSR13) and **modified haemoglobin products**, e.g. haemoglobin-based blood substitutes and microencapsulated haemoglobin products, excluding supplemental oxygen.

3. Any form of intravascular manipulation of the blood or blood components by physical or chemical means.

M2. CHEMICAL & PHYSICAL MANIPULATION

The following are prohibited:

1. *Tampering*, or *Attempting to Tamper*, to alter the integrity and validity of *Samples* collected during *Doping Control*. Including, but not limited to: Urine substitution and / or adulteration (e.g. proteases).

2. Intravenous infusions and / or injections of more than 50 mL per 6 hour period except for those legitimately received in the course of hospital admissions, surgical procedures or clinical investigations.

M3. GENE DOPING

The following, with the potential to enhance sport performance, are prohibited:

1. The transfer of polymers of nucleic acids or nucleic acid analogues;

2. The use of normal or genetically modified cells.

SUBSTANCES & METHODS PROHIBITED IN-COMPETITION

In addition to the categories S0 to S5 and M1 to M3, the following categories are prohibited *In-Competition*:

Prohibited Substances

S6. STIMULANTS

All stimulants, including **all optical isomers**, e.g. ***d-*** and ***l-*** where relevant are prohibited.

Stimulants include:

a: Non Specified Stimulants:

adrafinil;

amfepramone;

amfetamine;
amfetaminil;
amiphenazole;
benfluorex;
benzylpiperazine;
bromantan;
clobenzorex;
cocaine;
cropropamide;
crotetamide;
fencamine;
fenetylline;
fenfluramine;
fenproporex;
fonturacetam [4-phenylpiracetam (carphdeon)];
furfenorex;
mefenorex;
mephentermine;
mesocarb;
metamfetamine (d-);
p-methylamphetamine;
modafinil;
norfenfluramine;
phendimetrazine;
phentermine;
prenylamine; and
prolintane.

A stimulant not expressly listed in this section is a Specified Substance.

b: Specified Stimulants:

Including, but not limited to:
Benzfetamine;
cathine;**
cathinone and its **analogues,** e.g. **mephedrone, methedrone** and **α-pyrrolidinovalerophenone;**
dimethylamphetamine;
ephedrine*;**

epinephrine** (adrenaline);
etamivan;
etilamfetamine;
etilefrine;
famprofazone;
fenbutrazate;
fencamfamin;
heptaminol;
hydroxyamfetamine (parahydroamphetamine);
isometheptene;
levmetamfetamine;
meclofenoxate;
methylenedioxymethamphetamine;
methylephedrine*;**
methylhexaneamine (dimethylpentylamine);
methylphenidate;
nikethamide;
norfenefrine;
octopamine;
oxilofrine (methylsynephrine);
pemoline;
pentetrazol;
phenethylamine and its **derivatives;**
phenmetrazine;
phenpromethamine;
propylhexedrine;
pseudoephedrine***;**
selegiline;
sibutramine;
strychnine;
tenamfetamine (methylenedioxyamphetamine);
tuaminoheptane;
and other substances with a similar chemical structure or similar biological effect(s).
Except:
Imidazole derivatives for topical / ophthalmic use and those stimulants included in the 2015 Monitoring Program.

* Bupropion, caffeine, nicotine, phenylephrine, phenylpropanolamine, pipradrol, and synephrine: These substances are included in the 2015 Monitoring Program, and are not considered *Prohibited Substances*.

** Cathine: Prohibited when its concentration in urine is greater than 5 micrograms per milliliter.

*** Ephedrine and methylephedrine: Prohibited when the concentration of either in urine is greater than 10 micrograms per milliliter.

**** Epinephrine (adrenaline): Not prohibited in local administration, e.g. nasal, ophthalmologic, or co-administration with local anaesthetic agents.

***** Pseudoephedrine: Prohibited when its concentration in urine is greater than 150 micrograms per milliliter.

S7. NARCOTICS

Prohibited:
Buprenorphine, dextromoramide, diamorphine (heroin)**, fentanyl** and its **derivatives, hydromorphone, methadone, morphine, oxycodone, oxymorphone, pentazocine and pethidine.**

S8. CANNABINOIDS

Prohibited:

- **Natural** e.g. **cannabis**, **hashish** and **marijuana** or **synthetic Δ9-tetrahydrocannabinol** (THC).
- **Cannabimimetics** e.g. "**Spice**" **JWH-018, JWH-073**, **HU-210**.

S9. GLUCOCORTICOIDS

All **glucocorticoids** are prohibited when administered by oral, intravenous, intramuscular or rectal routes.

Design: www.limevirtualstudio.com

WICB Anti-Doping Contacts

For further information about any aspect of the WICB Anti-Doping Code, WICB Sample Collection / Testing procedures, Whereabouts or TUEs please contact the WICB on:

Player Relations Officer Phone:

+1(268)481-3454

+1(268)481-2450-2

Fax:

+1(268)481-2498

E-mail:

anti-doping@windiescricket.com

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IGNORANCE IS NOT AN EXCUSE

Produced with the support of the International Cricket Council (ICC)